

**STATE OF NEBRASKA**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
REGULATION AND LICENSURE - Credentialing Division  
P.O. Box 94986, Lincoln, Nebraska 68509-4986  
402-471-2117

## ESTHETICIAN and INSTRUCTOR APPLICATION - BY EXAMINATION

Mark the Appropriate Box Below for the  
Type of License You are Making Application:

- ☐ Esthetician  
☐ Instructor

Print or Type

<b>SECTION A - PERSONAL INFORMATION</b> (All applicants must complete this section) <b>This section is public information and will be displayed on the INTERNET (<a href="http://www.hhs.state.ne.us/lis/lisindex.htm">http://www.hhs.state.ne.us/lis/lisindex.htm</a>)</b>					
1.	NAME:	First	Middle	Last	
2.	ADDRESS:	Street/PO/Route			
		City	State	Zip	
3.	TELEPHONE #: (Optional)				
4.	DATE OF BIRTH:		5.	PLACE OF BIRTH (city/state):	
6.	SOCIAL SECURITY #: (this is NOT public information and will not be on the Internet) It is required for child support enforcement purposes; and for potential disclosure of reportable actions to the Federal department of Health and Human Service's Healthcare Integrity and Protection Data Bank (HIPDB)				

<b>SECTION B - CONVICTIONS</b> (All applicants must complete this section)					
Question	Yes	No	Type of Crime	Date of Action	Name of Court taking action (City/County/State)
Have you ever been convicted of a misdemeanor or felony?	<input type="checkbox"/>	<input type="checkbox"/>			
If you answered YES above, you must request the following documents be sent directly to this office: <ul style="list-style-type: none"> <li>Official Court Record, which includes charges and sentencing information</li> <li>A copy of the police report (not required to be initially submitted if conviction was DUI or MIP)</li> <li>If the conviction involved a drug and/or alcohol related offense, all addiction/mental health evaluations</li> <li>If you are on Probation or recently released, a letter from your probation officer addressing your progress or date of release</li> </ul>					

<b>SECTION C - LICENSE FEES</b> (See Chart Below)												
<b>ESTHETICIAN:</b> Determine the month and year in which you are submitting your application. If the month falls in the shaded area of the following chart, the fee is \$41.00. If the month falls in the unshaded area, the fee is \$42.00.												
YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even Number Year	41.00	41.00	41.00	41.00	41.00	41.00	41.00	41.00	41.00	42.00	42.00	42.00
Odd Numbered Year	42.00	42.00	42.00	42.00	42.00	42.00	42.00	42.00	42.00	41.00	41.00	41.00

**INSTRUCTOR: Fee 40.00**

✓ **Make payable to:** Credentialing Division

**SECTION D - EDUCATION** (All applicants must complete this section)

1. Name of School of Cosmetology or  
Esthetic School where you completed  
your training:

✓ **Attach a photocopy of the diploma, verifying the completion of the required program of esthetics/ instructor training.**

**SECTION E - PHOTOGRAPH** (Applicants must provide a current photograph for the purpose of identification and admission to the examination. Applicants may request to have the photograph returned to them following the examination.)

Attach a current photograph in the space provided to the right, measuring approximately 2" x 3" and signed across the front. The picture must be a frontal view of the applicant's head and shoulders.

Place Photo Here

**SECTION F - AFFIDAVIT** (All applicants must complete this section of the application before a Notary Public)

STATE OF \_\_\_\_\_ )  
 ) ss  
COUNTY OF \_\_\_\_\_ )

I, \_\_\_\_\_ being duly sworn say that I am the person referred to in this  
application and that the statements herein are true and complete.

\_\_\_\_\_  
(Legal Signature of Applicant)

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ , \_\_\_\_\_ .  
(month) (year)

\_\_\_\_\_  
(Notary Public)

S E A L

**SECTION G - CERTIFICATION OF ESTHETICS OR ESTHETICS INSTRUCTOR TRAINING** (The following information must be completed)

**THIS SECTION MUST BE COMPLETED BY THE SCHOOL OF COSMETOLOGY  
OR SCHOOL OF ESTHETICS**

THIS IS TO VERIFY THAT:

The records of: \_\_\_\_\_  
(Name of School)

School Address \_\_\_\_\_  
(City and State)

Indicate that: \_\_\_\_\_  
(Student's Name)

**List below the hours/credits of training earned by the applicant and the dates of completion:**

Category of Training:			
Hours of Training Earned:		Credits Earned:	
Date Training Completed:		Date of School Diploma or Certificate:	
Date of Practical Examination:		Final Score Received:	
Date student successfully completed a basic first aid course:			

STATE OF \_\_\_\_\_ )  
 ) ss  
COUNTY OF \_\_\_\_\_ )

I, \_\_\_\_\_, being duly sworn say that I am the person referred to in this application and that the statements herein are true and complete.

\_\_\_\_\_  
(Signature of School/Salon Owner or Manager)

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
(Notary Public)

S E A L